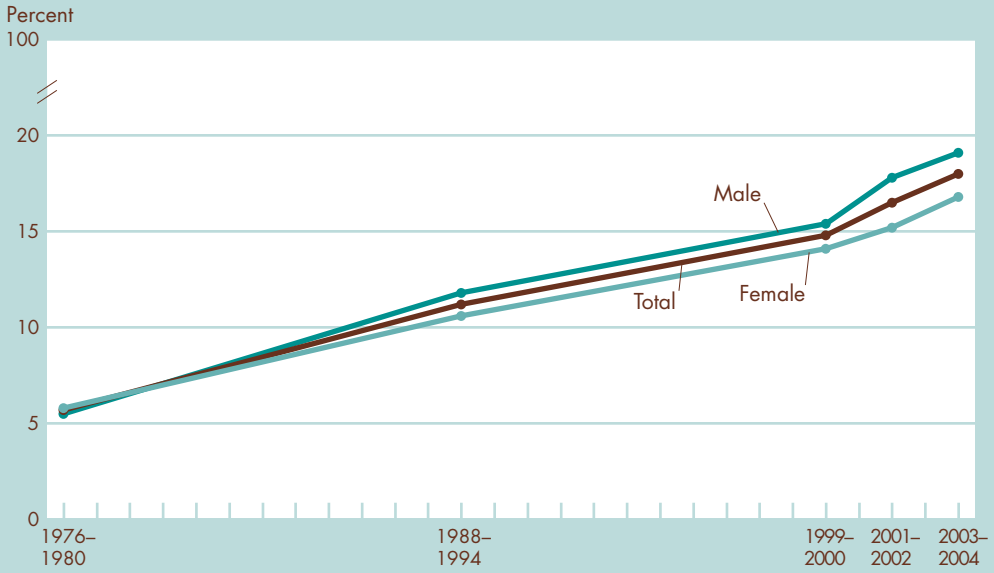
Health Indicators

The health of the Nation's children has improved in many areas, including vaccination coverage, teen birth rates, and child mortality. However, the increasing prevalence of overweight children and low birthweight infants is of concern.

In 2004, childhood immunization coverage rates were at record-high levels. In 2004, 83 percent of children ages 19–35 months had received the recommended combined series of vaccines, referred to as the 4:3:1:3,[12] compared with 76 percent in 1996. In addition, coverage rates for the varicella (chickenpox) vaccine and the recently recommended childhood pneumococcal vaccine continued to increase. Coverage for the varicella vaccine increased to 88 percent in 2004 from 85 percent in 2003. Added to the childhood immunization schedule in 2001, the pneumococcal conjugate vaccine protects against an infection that is a major cause of serious illness in young children. Coverage for three or more doses of the vaccine increased from 41 percent in 2002, the first year data were available, to 68 percent in 2003, and more recently to 73 percent in 2004.

The increasing percentage of overweight children is a public health challenge (Figure 5). In 1976–1980, only 6 percent of children ages 6–17 were overweight. By 1988–1994, this proportion had risen to 11 percent, and it continued to rise to 15 percent in 1999–2000. In 2001–2002, 17 percent of children were overweight; most recently in 2003–2004, this proportion was 18 percent. In 2003–2004, Black, non-Hispanic girls were at particularly high risk of being overweight (25 percent), compared with White, non-Hispanic and Mexican American girls (16 percent and 17 percent, respectively).[13]

Figure 5 **Percentage of children ages 6–17 who are overweight by gender, selected years 1976–2004**



NOTE: Overweight is defined as body mass index (BMI) at or above the 95th percentile of the 2000 Centers for Disease Control and Prevention BMI-for-age growth charts. BMI is calculated as weight in kilograms divided by the square of height in meters.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

[12] The combined series includes ≥ 4 doses of diphtheria, tetanus toxoids, and pertussis vaccines, diphtheria and tetanus toxoids, or diphtheria, tetanus toxoids, and any acellular pertussis vaccine (DTP/DT/DTaP); ≥ 3 doses of poliovirus; ≥ 1 dose of any measles-containing vaccine; plus ≥ 3 doses of Haemophilus influenzae type b (Hib) vaccine. The recommended 2006 immunization schedule for children is available at http://www.cdc.gov/nip/recs/child-schedule.htm#printable.

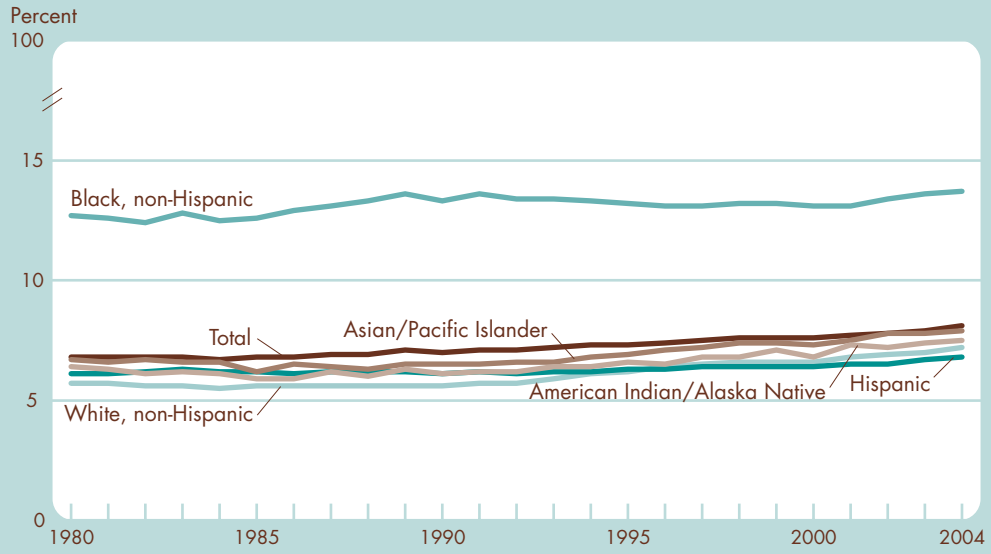
[13] In this survey, respondents were asked to choose one or more races. All race groups discussed in this paragraph refer to people who indicated only one racial identity. Mexican American children may be of any race.

Among adolescents ages 15–17, birth rates continued to decline. In 2004, the teenage birth rate was 22 per 1,000 females, the lowest rate ever recorded. From 1991 through 2004, the decline was especially striking among Black, non-Hispanic teenagers;[14] the rate for this group dropped by more than half, from 86 to 37 births per 1,000 females.

Injuries, which include homicide, suicide, and unintentional injuries (accidents), accounted for 3 of 4 deaths among adolescents ages 15–19 in 2002. The two leading mechanisms of adolescent injury mortality were firearms and motor vehicle traffic crashes. The firearm injury death rate declined by more than half from 1994 to 2003 (28 deaths per 100,000 adolescents in 1994 to 12 in 2003). During this period, the death rate for motor vehicle traffic-related injuries was 29 deaths per 100,000 adolescents in 1994 and 25 in 2003.

Infant mortality, which increased in 2002 for the first time in decades (to 7.0 deaths per 1,000 live births), declined to 6.8 deaths per 1,000 live births in 2003, which was the same rate as in 2001. During the same time, low birthweight (less than 5 lb. 8 oz.), a risk factor for infant mortality, increased (Figure 6). In 2004, the low birthweight rate rose to 8.1 percent, up from 7.9 percent in 2003 and 6.8 percent in 1980. Likewise, the percentage of very low birthweight infants (less than 3 lb. 4 oz.) rose in 2004 to 1.47 percent, compared with 1.45 percent in 2003. Recent increases in multiple births, the result of increases in fertility therapy use and older age of childbearing, place infants at high risk for being born too small. These increases have strongly influenced recent upswings in low birthweight and very low birthweight rates; however, low birthweight rates have also been on the rise among infants in singleton deliveries.

Figure 6 **Percentage of infants born with low birthweight by detailed mother's race and Hispanic origin,[14] 1980–2004**



NOTE: 2004 data are preliminary.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

[14] Race refers to mother's race. All race groups referenced are mapped back to a single race per 1977 OMB standards. State reporting of birth certificate data is transitioning to comply with 1997 OMB standards. For more information, see Hamilton, B.E., Martin, J.A., Ventura, S.J., Sutton, P.D., and Menacker F. (2005). Births: Preliminary Data for 2004. *National Vital Statistics Reports, 54* (9). Hyattsville, MD: National Center for Health Statistics.